Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the court

Approved, SCAO

STATE OF MICHIGAN ILIDICIAL CIRCUIT

CASE NO.

•	COUNTY			AND REPORT					
Court address								Court tele	ohone no
Plaintiff's name and address					1. □ a. Based on an administrative action taken or				
						Date			_
					☐ b.	After an adr	ministrative he	earing hel	d on
	V					 Date			_ before
Defen	ndant's name and address					Friend of the	court/Referee/Otl	nor	Bar no
					41 fu				
							court office de		
					2. Appli ☐ is	cation of arr \Box is not	earage guide unjust or ir		ate.
	as ☐ has not as ☐ has not	been a mistak been a mistak					upport or arre	ars as fol	lows:
5. The specific	amounts that the paye	er should be re	quired to	pay for curre	ent and pa	st-due supp	ort, confinem	ent, and f	ees are:
	, ,				·		,	,	
	otal payment amount on the bould be should be should not be:			rage guideline circumstances				nount nanged su	ıfficiently
	rearage and confinement ptions or findings upor				application	on of the arre	earage guideli	ne and th	e factua
b. The alt	ternate payment amou	int and the facti	ual assur	mptions upon	which the	e amount is	based are:		
The alt	ternate payment amou	nt 🗆 is 🗆	is not	contrary to the	he best in	terests of ch	nild.		
c. The alt	ternate payment amou	unt deviates fro	m the ar	rearage guide	eline and v	was calculat	ed as follows	:	
d. The rea	asons for the alternate	payment amou	unt are:						
e. Other	evidence that the indiv	idual □ is □	is not	able to mal	ke the alte	ernate paym	ent amount is	s attached	d.
f. The im	pact of the alternate p	ayment amoun	t is as fo	llows:					
	D PAYER: You have the review hearing.	he right to requ	est a jud	icial hearing o	on the rec	ord appealir	ng the determ	ination of	the
Based upon the	ese findings, entry of tl	he attached inc	ome with	nholding orde	r is recom	ımended.			
Date				Referee/Frie	end of the c	ourt signature			